

# 2004 FALL YOUTH SOCCER REGISTRATION FORM

Use this form for soccer only  
Complete one (1) registration form per child

NAME \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_  
NICK NAME \_\_\_\_\_ DOB \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_  
SCHOOL \_\_\_\_\_ GRADE 9/04 \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ # SEASONS PLAYED: \_\_\_\_\_

CHILD LIVES WITH: Mother \_\_\_\_ Father \_\_\_\_ Other \_\_\_\_ (specify) \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ PHONE (W) \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ PHONE (W) \_\_\_\_\_

EMERGENCY \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

EACH CHILD IS SPECIAL; I WOULD LIKE THE COACH TO KNOW THE FOLLOWING ABOUT MY CHILD:

\_\_\_\_\_

NIGHT(S) MY CHILD ABSOLUTELY CANNOT PLAY: \_\_\_\_\_

☐ I WOULD LIKE TO SPEAK WITH THE COACH CONFIDENTIALLY ABOUT MY CHILD.

## I AM REGISTERING FOR:

<u>UNIFIED</u>	<u>FUNDamental</u>	<u>Division I</u>	<u>Division II</u>	<u>Division III</u>	<u>Division IV</u>
Co-Ed _____	Co-Ed <u>5-6</u> _____ (parent participation)	Co-Ed <u>7-8</u> _____	Boys 9-10 _____ Girls 9-10 _____	Boys 11-12 _____ Girls 11-12 _____	Girls 13-14 _____ Boys 13-14 _____

REGISTRATION FEE (includes \$7 Snack Shack fee); family max \$122.50

\$ 49.00

LATE FEE – \$10/PERSON (after 6/30); family max \$25

\$ \_\_\_\_\_

NON-RESIDENT – \$5pp (based on availability)

\$ \_\_\_\_\_

COPY of BIRTH CERTIFICATE ENCLOSED

YES/NO

TOTAL AM'T ENCLOSED:

\$ \_\_\_\_\_

## VOLUNTARY HELP IS NEEDED!

The success of this program depends largely on the time and efforts of the parents. Those parents who volunteer as coaches, assistants or coordinators will be refunded a Snack Shack fee at the end of the season. Volunteer positions are as follows:

<u>Would You Be?</u>	<u>FATHER</u>	<u>MOTHER</u>	<u>NYSCA Cert. #</u>	<u>Preferred Practice Night(s)</u>
Coach (NYSCA certification required)	( )	( )	_____	<u>1) _____ 2) _____</u>
Ass't Coach (NYSCA certification required)	( )	( )	_____	<u>1) _____ 2) _____</u>
Team Parent	( )	( )		
Snack Shack (Buyer) Coordinator (1)	( )	( )		<u>Coaches' email address:</u>
Div. Coordinators (one for each division) (5)	( )	( )		_____
Referee Coordinator	( )	( )		<u>Ass't email address:</u>
Equipment Coordinators (order & sort) (2)	( )	( )		_____
Uniform Coordinators (order & sort) (2)	( )	( )		

**LIABILITY RELEASE:** The GRANBY PARKS & RECREATION DEPT. is not responsible for personal injuries, damage or losses that may occur. As in any sports activities, there is a certain amount of inherent risk involved.

Parental/guardian signature on this registration form indicates recognition of those risks, permission to participate and consent to secure emergency medical treatment in the event a parent/guardian cannot be reached. I understand that my child is not to wear any type of jewelry during practices and games.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

For Office Use Only: Date Rec'd \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Birth Cert. \_\_\_\_\_

